



STATE MEDICAID DUR BOARD MEETING
 THURSDAY, September 13, 2012
 7:00 a.m. to 8:30 a.m.
 Cannon Health Building
 Room 125



MINUTES

Board Members Present:

Mark Balk, PharmD.
Mr. Kumar Shah
Neal Catalano, PharmD.
George Hamblin, R.Ph.

Joseph Miner, M.D.
Kathy Goodfellow, R.Ph.
Cris Cowley, M.D.

Board Members Excused:

Brad Hare, M.D.
Tony Dalpiaz, PharmD.

Dept. of Health/Div. of Health Care Financing Staff Present:

Robyn Seely, PharmD.
Tim Morley, R.Ph.
Lisa V Hunt, R.Ph.

Heather Santacruz, R.N.
Marisha Kissell, R.N.
Merelynn Berrett, R.N.

Other Individuals Present:

Joanita Lake, UofU
Gary Oderda, UofU
Scott Larson, BMS
M. Chin

Bryan Larson, UofU
Spencer Brown
Charissa Anne, J&J

Meeting conducted by: Neal Catalano, PharmD

1. Welcome - Neal Catalano opened the meeting.
2. Housekeeping - July meeting minutes were reviewed and approved; there were no corrections identified. Mark Balk made a motion to approve, Joseph Miner seconded the motion and all approved. August meeting notes were looked at but no meeting quorum was present at that meeting so no approval was necessary.

Pharmacy & Therapeutics (P&T) Committee Report: Lisa V. Hunt addressed the Board. For August and September the P&T Committee looked at Oncology products. In October the focus will be on topical corticosteroids. November has cough and cold products scheduled for review. In December anti-metabolite products are scheduled to be reviewed. The committee will make a recommendation as to if this class will be treated like any other class (added to PDL, non-preferred medication require prior authorization), they may create a recommended or voluntary preferred/non-preferred class (no prior authorization required for

either) or they may choose to not include this class on the PDL at all.

H2 antagonists, antivirals, and sedative hypnotics are to be added to the PDL soon.

Re-review and follow-up (from August 2012). Neal Catalano, mentioned that no meeting quorum was present in August but unofficial minutes exist for review. This was a follow-up meeting to the May meeting.

Robyn Seely reminded the Board members to sign the Board roster and guests to sign the Guest roster. She also announced that Neal Catalano has received his Pharm.D. degree and that our pharmacy tech, Bobbi Hanson has had her second child. Tim Morley also announced that Neal Catalano was also awarded the distinguished Pharmacist of the Year Award for Utah at the Pharmacy Association meeting.

3. Call for motions - Neal Catalano explained that the first motion to look at from the August meeting has to do with tablet limitations. Kathy Goodfellow made a motion that no tablet limits or PA's be placed on once daily drugs. Instead a soft message should be sent to the dispensing pharmacists that dosage consolidation should be looked at. Education should be provided through Amber sheet articles. The motion was seconded by Joseph Miner and approved unanimously.

The Amiodarone discussion included its combined effects with other QT prolongation drugs. Joanita Lake clarified that the effects as described in the meeting notes of Amiodarone were in fact when it was taken in combination with other QT prolongation drugs. Joanita summarized the information provided by the U of U on QT prolongation and how Amiodarone can cause fatal QT effects especially when given in combination with other drugs that have the same QT effect. A lot of information was used from the Arizona Center for Education and Research on Therapeutics (CERT) program. The University recommends sending a warning message to pharmacist who dispense two or more QT prolonging drugs concurrently that are listed by the Arizona program as some of the ones that have the most severe QT effect. Joanita contacted the CERT program and others in Arizona to find out what has been done in Arizona based on the CERT recommendations. She is continuing to do more research on this subject.

Current pharmacy drug interaction programs and their capabilities were discussed along with what type of warnings should be given to pharmacy providers was discussed. Joanita gave a description on how the DRRC reviews patient profiles and sends letters out to their prescribers. This method does not take action at the point of filling a prescription but mentions potential problems afterwards through the mail. Diagnosis codes are not always present on those profiles too.

George Hamblin asked if we have determined what Utah Medicaid's current computer system can do, as far as what type sending soft messages are possible? Tim Morley mentioned that we are limited to NCPDP response messages.

The state may wish to look at only the drug products that are known as high risk for QT prolongation. Tim Morley reported that our system is currently set with only the most severe messages that do not hard halt the prescriptions. The benefit of having a message sent that

warns pharmacist about QT prolongation tied to the drugs that are known to cause the most severe problems would be beneficial, even if the claim is not stopped from paying. By not requiring a prior authorization alert fatigue will be averted.

George Hamblin suggested that the Board may wish to table this subject until we find out more about what the Medicaid system is capable as far as sending alert messages. Mark Balk asked if we could find out what the Drug Regimen Review Center does for its reviews.

Joanita Lake mentioned that the Drug Regimen Review Center does review patient profiles based on several factors, one being a risk score, and on a health rule that could be QT.

Tim Morley reported that we have had some difficulty with messaging with our new vendor. At first it seemed like too many denied claims were returning the message prior authorization required. Tim Morley wants to sit down with our vendor and see what kind of message we can send out on these types of drugs.

Mark Balk made a motion to accept recommendation number two from the University of Utah and have the DRRC look at these drugs over a period of time maybe a 4 to 6 month window and once the information is available have Medicaid report on what Utah's Point of Sale vendor can provide in messaging at the same meeting instead of looking at this topic piece meal. George Hamblin seconded the motion and it passed unanimously.

4. Review: QT prolongation: Citalopram & Ondansetron – Joanita Lake presented on citalopram and ondansetron dose related QT prolongation and Torsades de Pointes. The report includes information on the Food and Drug Association (FDA) safety announcements on dose related risks of citalopram. The FDA discourages the use of citalopram in patients with specific conditions and that it no longer be used in doses above 40 mg per day. Research of Medicaid utilization data shows that the FDA recommendations have not been followed by many Utah prescribers.

FDA ondansetron recommendations were for I.V. administration products only.

Medicaid utilization data indicate that patients are filling prescriptions outside of the FDA recommendations. 191 patients filled prescriptions for greater than 40mg per day in June of 2012. The same trends are noted for the dosage limit of not more than 20mg per day for patients with hepatic impairment or for patients greater than 60 years of age.

University recommendations were given on page 87 of the meeting hand out for citalopram. It was indicated that a Prior Authorization (PA) for dosages greater than the FDA recommendations was suggested. Letters should be sent to prescribers who dose patients at greater than 20mg per day who have hepatic impairment. An electronic message should be sent to pharmacies who dispense citalopram at a dose greater than 20 mg per day and concomitant CYP2C19 inhibitors such as cimetidine. Halt any prescription claims for citalopram and escitalopram concomitant use. Specific prior authorization criteria are included in the recommendations.

How the FDA defined hepatic impairment was discussed along with the possibility of having a P.A. only apply to new starts. Solving the problem through the use of quantity limits was

suggested.

Mark Balk made a motion to put a quantity limit on citalopram based on total doses exceeding 40mg per day, to put a quantity limit of 20mg per day for patients over 60 year of age, and to have the DRRC send letters to prescribers who have prescribed at greater than 20mg per day for patients who have hepatic impairment. The motion also included stopping claims for concomitant use of citalopram and escitalopram. Joe Miner seconded and motion carried.

The next DUR Board meeting is scheduled for Thursday, October 11, 2012.
Minutes prepared by Lisa Hunt.